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## Original Articles.

### LAPAROTOMY FOR PERFORATION OF THE APPENDIX VERMIFORMIS FIFTEEN HOURS AFTER THE ONSET OF THE ACUTE SYMPTOMS; RECOVERY.

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THE following case has several points of interest, which are, first, the earliness and success of the operation; second, the ample proof that it affords of the intraperitoneal nature of the exudations and abscesses that follow a perforated appendix; a spreading peritonitis; third, the fact that antecedent attacks did not ward off, as Mackenzie states they do, by previous limiting exudations, and, fourth, the uselessness of Treves's advice to cover over by peritoneum the cut end of the appendix where removed. The history of the case is this:

Dr. F. A. L., thirty-four years of age; family history excellent; has had the usual diseases of childhood, but, with the exception of a short attack of intermittent fever six years ago, has always enjoyed a most robust and perfect health; never suffered from any form of dyspepsia or constipation, the bowels moving with regularity every morning. September 26, 1888, complained of general malaise and anorexia; pulse, 90 and temperature, 100° F. During the night there was quite severe abdominal colic, and, with the expectation of being able to relieve this, a long rectal tube was passed, but no flatus escaped. A warm enema was then taken and a slight amount of feces expelled, but without the result of giving any relief. In the morning there was localized tenderness and some pain in the right iliac fossa and a small tumefaction. Pulse, 100; temperature, 100.5° F. A little later in the day, the colic not having abated and there being a desire to defecate, patient seated himself at stool, and during an effort of straining, not however very powerful, sudden intense pain was felt in the region mentioned, accompanied by immediate sinking sensations, very marked pallor, and copious clammy perspiration. The patient was moved back to bed, a hypodermatic injection of brandy made, hot-water bottles applied, and in a short time he rallied. Morphia was administered by Dr. Henna, who was in attendance, as was required to relieve pain, and hot applications were made to the right iliac region. For three days the temperature was slightly elevated, 100.6° F. being the maximum point, and the tumefaction increased somewhat in size. After that time, for three weeks there was no rise of pulse or temperature, and the tumor gradually diminished to about the dimensions of a hickory-nut.

The patient then continued about his business until October 31st, exactly two weeks after going out, when he was again seized with colic, local tenderness in the right iliac fossa as before, and a rapidly increasing swelling. There were no febrile symptoms. Treatment as before. In a few days the swelling again commenced to subside and after two weeks in bed patient commenced to move about the house.

The foregoing account was furnished by the patient himself.

I saw him first, with Drs. Janeway and Henna, November 22d, and found in the iliac fossa a mass the size of an egg, which however was a diminishing one, and was without

fever or abdominal symptoms. This was the recrudescence of his third attack. Advised rest only. About six days later, he not having got out of bed, an aggravation of pain and swelling took place—so much so that the next day was appointed for an exploratory incision; the symptoms by that time, however, ameliorated, and the operation was postponed. He remained in bed some ten days longer, and the swelling then having nearly subsided he got up, and a week later commenced going about, feeling quite restored. On December 23d a medical friend in the country examined him, and could scarcely feel anything in the fossa. On December 25th, after eating quite heartily the day before, he was seized in the morning with a very sharp pain in the right iliac region, more severe and more extensive than on any of the previous occasions, and this was followed by a slight chill, with temperature 100° F. and rapid pulse and vomiting. The latter recurred several times during the day. I was notified on the afternoon of this attack, and made an appointment to see him early the next morning with Dr. Henna, his physician. At 11.30 P.M. the same evening Dr. Henna reported him as no better, requiring larger doses of morphia to quiet him, and the vomiting as persisting though not frequent. I saw him at once, and found great tenderness over the right side, not extending, however, beyond median line; slight but marked dulness was revealed by the moderate percussion permitted; advised etherization for examination and for an explorative operation if that should be thought best.

Under ether a mass the size of a hen's egg was recognized just on the line of the anterior superior spine, and under antisepsis and with the aid of Drs. Henna and Abbe, and with Dr. Birmingham carefully giving ether, an incision three to four inches long in the course of the linea semilunaris was made down to the fascia transversalis, and when this was cut through, the peritoneum was recognized only as a mass of grayish fibrous structure, more like a fibro-sarcoma; so much so that this idea came to my mind. On cutting and tearing carefully through this kind of tissue to the depth of an inch at least, the peritoneal cavity was opened above purposely for exploration, and the finger found the mass to extend along brim of pelvis, lifting up vessels, or rather pushing them toward the median line. The limiting line of this exudation, which was then recognized to be altogether intraperitoneal, was torn through along junction of parietal peritoneum on the inside of the incision, and several coils of intestine, thickly plastered over as far as seen with recent lymph, were brought into view. The wound was strongly held apart and its bottom, which was resisting and elastic, almost fluctuating, carefully inspected to determine whether further dissection should be carried deeper or aspiration resorted to. It was then seen that the base of this cavity, which I had cut or torn open, was composed of the cæcum and appendix strongly agglutinated to the surrounding intestines.

The appendix was coiled on itself, and only after a little time was the attached end made out. Its free end was ulcerated through and was embedded in a mass of soft adhesions enclosing a grumous abscess the size of a small hazel-nut. The appendix, some three inches long with a decided mesentery, was tied off about half an inch from the cæcum. The cavity of the wound was then sponged out with a one to five thousand sublimate solution, smeared with powdered iodoform, and packed with iodoform gauze after a large rubber drainage-tube had

ever, that Dr. Peterson had found the method of greater value than he had supposed it to be, though he thought many experiments were necessary to decide positively as to its utility. When the nerves affected were superficial he would suppose it to be of the greatest benefit. When asked if he had found it of service in sciatica, Dr. Peterson had replied that he had not, because the nerves were too deep.

DR. C. L. DANA said that he had obtained no satisfactory results with the Adamkiewicz instrument. Some time since Dr. Squibb had reported some very interesting experiments in which decided results were produced by the local application of various substances in connection with oleic acid, and with a preparation of it containing one per cent. of aconitia he had caused constitutional effects. No constitutional effects, however, had thus far been produced by the method in question, and he could not but agree with Dr. Birdsall that it was very superficial in its action. With the use of Dr. Peterson's formula he had produced anæsthesia in only one out of three cases, though this might have been perhaps due to some defect in the technique employed.

DR. J. ARTHUR BOOTH said that Dr. Peterson's method certainly produced marked anæsthesia both to feeling and touch. As mentioned in the paper, one of the experiments recorded was made on his person, and the anæsthesia lasted for at least fifteen minutes. For some time afterward the part experimented on remained very sore and hyperæmic. He had tried it himself in three cases, and in one it afforded decided relief.

In closing the discussion, DR. PETERSON said that he agreed with Dr. Starr that the uncertainty of the dosage was one of the great objections to the method, but it was probable that by a course of experimentation such as the latter had suggested this difficulty would in time be obviated. As to Dr. Sachs' criticism that no parallel tests had been reported in the paper, he would say that in some of the cases the anode was used alone, and that no effects were observed except just at the time of its application. As to Dr. Birdsall's remark that the method was superficial in its action, and that the use of strong currents was required against strong resistance, in one or two of his experiments an imperceptible current employed for a longer time produced the same effects. There was, as had been said, an absence of constitutional effects, and as many of the experiments had been made upon his own person he could speak with some degree of assurance on this point.

#### DIFFUSE PIGMENTATION PRODUCED BY THE INTERNAL USE OF ARSENIC.

DR. W. M. LESZYNSKY exhibited a little girl, nine or ten years of age, in whom the use of Fowler's solution, given for the relief of chorea, had produced very marked pigmentation all over the surface of the body. There was no reason whatever to suspect the presence of Addison's disease, he said, and the case seemed to him a most remarkable one. As to the prognosis as regards the permanency of the pigmentation, he was unable to express any opinion.

AN UNUSUAL ACCIDENT ATTENDING TOOTH EXTRACTION.—To the record of the numerous casualties which may follow tooth extraction Mr. Ackery, at the Odontological Society of Great Britain, has added another probably unique case. A molar was extracted from a patient while under the influence of nitrous oxide gas; the apex of one root, however, was left behind. A sinus subsequently appeared, and this did not heal upon the removal of the remaining portion of the tooth. Eight years after the original operation a substance was discharged from the sinus, which proved upon examination to be the point of one of the jaws of a tooth-forceps, which had doubtless been broken and left in the alveolar process at the time of the endeavor to extract the tooth.—*The Lancet*, February 9, 1889.

## Correspondence.

### OUR PARIS LETTER.

(From our Own Correspondent.)

THE NATURE OF TETANUS—TREATMENT OF CYSTIC TUMORS—ZÖOPLASTIC GRAFTINGS WITH THE SKIN OF THE FROG—MEDICINE IN ORIENTAL COUNTRIES—SYPHILIS AS AN INCURABLE DISEASE.

PARIS, April 5, 1889.

THE prolonged reading of the subject introduced by Professor Verneuil at the Academy of Medicine, on the nature of tetanus, has been brought to a close. Besides the equine and telluric origin of tetanus, M. Verneuil believes also in the contagiousness of this malady, which may be effected by the dust floating in the air, or even by flies, as in the case of charbon. He cited a case in support of this last conjecture, without pretending, however, to arrive at a positive conclusion. In fact, M. Verneuil gives the preference to the equine origin of tetanus. In support of his thesis, he cites a statistic of about 380 cases. Of this number, 222 relate to individuals whose profession put them in constant relation with the horse (farmers, coachmen, stablemen, etc.), or fifty-eight per cent. As for the other cases, the equine origin of the malady, which may not appear so evident, is none the less real. For instance, three medical men, who died from tetanus, had horses which they looked after themselves, and a beadle, whose profession has nothing in common with that of the stableman, contracted the disease after having during a whole day, with a wound in the hand, transported manure from one place to another. As regards the telluric origin of tetanus, M. Verneuil sees in the earth only an intermediate agent between the horse and man. The soil impregnated with the dejections of the horse would be noxious; ordinary soil would not be so. Thus it was that, in the extensive works executed at the port of Boulogne, and where not a single horse was employed, not one case of tetanus was observed, although the wounds incurred by the workmen were numerous. Professor Verneuil concluded his communication by insisting on the means that should be taken to prevent the development of this malady. As it is now admitted to be contagious and microbial, all the articles that have been in contact with tetanic patients should be completely disinfected. A person wounded should never sleep in the bed previously occupied by a tetanic patient, without disinfection having been absolutely carried out. The equine origin of the malady being also established, the prophylactic measures should not be confined to man, but they should be applied also to horses. He recommends that the most energetic means should be employed, and he proposes not only the disinfection, but also the destruction of objects which, like the harness for instance, that had been used on tetanic horses, might contain the microbe of tetanus.

Dr. Barth, physician to the Broussais Hospital, has published a note on a new method of treatment applicable to synovial cysts, sebaceous wens and, in general, to all cystic tumors of the skin and of superficial regions. The beneficial results he had obtained by the interstitial injections of arsenic in the treatment of malignant lymphoma have induced him to try the same treatment in the above cases. Starting on the principle that arsenical injections determine a moderate inflammation of the tissues, which does not go on to suppuration when certain very simple precautions are taken, and which is often followed by an atrophic process, the author considered this remedy a convenient means of treating certain tumors which are benign in their nature, but are inconvenient, for which one often hesitates to advise a surgical operation. The first case in which Dr. Barth had occasion to try the procedure was that of a young girl twelve years of age, who was affected with a synovial cyst of the wrist of several

months duration. This cyst, about the size of a small walnut, produced a very visible deformity. Moreover, it was extremely inconvenient for certain movements, the playing on the piano for example. Painting the part over with the tincture of iodine, frictions with divers resolvent ointments, prolonged compression, had been employed, but without any success. The author himself commenced by trying crushing of the tumor, but without effect, owing to the hardness of its parietes. He then resorted to an injection of two drops of pure Fowler's solution into the cavity of the cyst. The operation produced a sharp pain, and was followed the next day by swelling with tension of the sac; but this soon commenced to diminish in size, and ten days after the tumor had entirely disappeared without leaving the slightest trace of its existence. The author had occasion to employ this treatment in other cases of cystic or benign tumors, and with equal success.

Till now grafting on wounds has been practised with human skin, or with that of the common fowl. Dr. Dubousquet-Laborde has tried zoöplastic graftings with the skin of the frog, and has obtained excellent results. For the success of the grafting he recommends the following rules: 1. The wound should be granulating, but the granulations should not be exuberant. 2. The operator must avoid causing bleeding and suppuration. 3. The patient should remain immobile for the first two or three days. 4. The dressings, which should be rigorously antiseptic, should be applied by the medical attendant himself. The first dressing should be compressive.

At a recent meeting of the Academy of Medicine, Dr. Le Roy de Méricourt read a report on the "Influence of Western Medicine in the Extreme East." Protestants, he said, have perfectly understood the importance which medical men acquire in oriental countries. They have established in China veritable medical missions, where medicine is taught to the Chinese, who will soon become practitioners and confirm the renown of Anglo-German science. He observes with some regret that nothing analogous has been done by the Latin peoples. M. Radiguet, former consular agent in China, had drawn the attention of the Academy to this sad state of things. Dr. Le Roy de Méricourt associates with this gentleman to ask the Academy to encourage the foundation in China of French missions, where medicine and surgery will be practised and taught.

Appropos of the correspondence being published in the English medical press, on the declaration recently made by Dr. Gowers to the effect that syphilis is incurable, I may here cite the following note, published in the *Gazette Hebdomadaire*, on the re-infection of syphilis, which may have some bearing on the subject: "Ricord says that an individual once in possession of syphilis is never free from it. Baresprung is of an analogous opinion, but he adds that, in syphilis, things take place as in the acute exanthematous affections, that the patient acquires a relative immunity in this respect. Sigmund absolutely denies re-infection; Zeissl, on the contrary, pretends to have observed it several times, some years after a first attack. Dr. Neumann cited several striking examples of re-infection."

The editor of a medical journal writing on the properties of saccharin, facetiously remarks that superior councils differ in opinion, according to the latitudes that they are in, on the merits of this valuable substance. The Council of Health of the Austro-Hungarian Empire, has declared that the employment of saccharin in the manufacture of alimentary products is not injurious, that saccharin is not toxic, and that it is even a precious substance, provided it is well prepared.

FOOD ADULTERATION IN PARIS.—The director of the laboratory of the police department in Paris has been detected accepting bribes from tradesmen accused of adulterating their goods, even having established a system of blackmail based on threats of exposing adulteration.

# LETTER FROM THE SANDWICH ISLANDS—CAUSES OF THE DEPOPULATION OF THESE ISLANDS—THE DEMOGRAPHIC EFFECTS OF INTRODUCED DISEASES—SYPHILIS, LEPROSY—DR. BARKER'S DIPLOMA.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR: I send you a few hastily written notes of my observation of matters medical in the Sandwich Islands, which I trust may prove of interest to your readers.

From a sociological as well as from a strictly medical stand-point the Sandwich Islands present many features of interest to the observer. Situated in the midst of the ocean, continually swept by balmy breezes, with a tropical luxuriance of vegetation, these islands have been termed the "Paradise of the Pacific." They are inhabited by a race *facile princeps* among the Polynesian races in points of physical development, intelligence, and modes of living, with a delightful climate, a productive soil, sustaining no hardships, and yet dying at a most rapid rate. At the time of Captain Cook's visit, a little over a century ago, the population was estimated at not less than four hundred thousand, but the contact of civilization has acted like a blight upon the Hawaiian people; under its withering influence the native population has dwindled down by tens of thousands each decade until to-day it does not exceed thirty-five thousand.

It would be interesting to trace the causes which have led to the depopulation of these islands. No unfavorable influence of soil, climate, or hardship can be invoked in explanation of the decay and death of the native race. It is not the outcome of a contest between a savage and a civilized race in which the weaker succumbs to the stronger, as in the case of the North American Indian. Nor does it seem to be an example of the "survival of the fittest," since there is no competitive struggle for subsistence in a land where nature is so kindly and bountiful and furnishes an abundance of easily procured food, more than sufficient for the needs of all. Under the same conditions which have led to the depletion of the Hawaiian race and which seem to threaten its ultimate extinction, the foreign races that have settled here have taken root and flourished, and now virtually "occupy the land."

In endeavoring to appreciate the influences which have operated as factors in this extraordinary depletion of the population, the physiological peculiarities of the native should perhaps be considered among the contributing causes. The Hawaiian presents a curious combination of strength and weakness, or, rather, of seeming vigor masking actual effeminacy. He has a fine frame, well nourished—the embodiment, to all appearances, of bodily vigor—and yet his physical fibre is essentially weak and he is endowed with but a feeble vital tenacity. He succumbs to the shock of hardships or trivial ailments which would not seriously affect a white man. When he becomes sick he is not buoyed up with a desire and determination to live—he simply surrenders to fate and lies down to die. He takes life gayly and luxuriates in its enjoyment. He accepts death with the same cheerful alacrity. In fact, he dies often from no apparent cause other than an apathetic indifference to life.

Many curious cases might be cited illustrating the extraordinary influence of the mind over the body and proving that psychology may be a powerful agency of death as well as a means of cure. The kahuna or "medicine man" is invested by traditional superstition with supernatural powers which entirely overshadow those attributed to his civilized congener "the faith-cure man." He holds in his hands the issues not only of life but of death, and does things undreamed of in the "Christian science" philosophy. When a native is ill he is persuaded that his sickness is due to the agency of some demon or that he is being "prayed to death" by a kahuna employed by his enemy. Unless he can secure the interposition of a more powerful kahuna to break the spell he gives up hope and the ghost soon afterward, and